

Payment may be made to a Skilled Nursing Facility, an Intermediate Care Facility or an Intermediate Care Facility for the Mentally Retarded when necessary to reserve a bed for a patient during a temporary leave of absence as part of a patient's plan of care.

Payment for reserved beds will only be made at the ICF daily rate. In cases where the patient is at SNF level of care, payment will be at the ICF rate for the facility. For those facilities that are SNF only, payment will be made at the Statewide weighted average rate for ICF.

Absences up to five (5) consecutive days may be covered. Where absences are intended to be longer than five days, the facility must complete a Nursing Home Authorization Request Form, 06-7027. The completed form should be forwarded to the Medical Practice Review Office for approval prior to the scheduled leave of absence.

Payment will not be made to reserve a bed when absence is due to hospitalization.

DATE REC'D. 12/28/79	SUB. # 79-12 DO	DATE TO D.C. 1/18/80
EFFECTIVE DATE 10/1/79		DATE TO STATE 1/18/80
COMMENTS attach 4.19c		DATE FILED 1/18/80

MA 79-12

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL HEALTH FACILITIES

Inpatient Hospital Services

Payment for inpatient hospital services, as described in Attachment 3.1-A, is made at the most current inpatient hospital per diem rate published by the Indian Health Service. The inpatient hospital per diem rate is paid per patient, per day, per facility, except for physician services rendered to inpatients which are reimbursed according to the methodology for physician services described in Attachment 4.19-B.

Outpatient Hospital Services

Payment for outpatient hospital services, as described in Attachment 3.1-A, is made at the most current outpatient per visit rate published by the Indian Health Service. The outpatient per visit rate is paid per patient, per day, per facility, except for outpatient surgery which is reimbursed at the most current Medicare rates for freestanding Ambulatory Surgical Centers.

Clinic Services

Payment for clinic services is made at the most current outpatient per visit rate published by the Indian Health Service, and is paid per patient, per day, per facility. Services may be provided at different facility venues, but are billed through a single provider number. The services of the following providers, as described in Attachment 3.1-A, are included in the outpatient per visit rate:

- Physicians
- Physician Assistants
- Nurse Midwives
- Advanced Nurse Practitioners
- Speech-Language Pathologists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Podiatrists
- Optometrists

Also included in the outpatient per visit rate are laboratory and x-ray services provided on-site and drugs and medical supplies incidental to the services provided to the patient.

approved 3/12/98
SJC 10/11/97

Plan # 47-08
approved

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

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